

Rebuttal to Why the US Should Adopt a Universal Care Coverage Program: “The Dueling Lances”

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What Dr. Brown Says a Universal Health Care Program (UHCP) Will Accomplish	My Responses
It will prevent local health care facilities from closing.	In fact most wouldn't close anyway, but who says some shouldn't close even <i>with</i> UHCP?
“Perhaps” hospitals could open more beds.	Perhaps not; besides, do we need more beds?
No one would have “to drive away from the closest hospital due to ambulance diversion.”	Diversion doesn't affect private vehicles, and minimally impacts ambulance patients.
Patients will not wait for placement “in a hospital bed due to overcrowding.”	Who says that during flu season, with UHCP, it will not get worse rather than better?
Specialty consultants who “...no longer take call” will start.	Very funny.
Emergency physicians and consultant doctors will get more money with “universal care.”	I personally believe considering our own pay as a reason for UHCP is morally repugnant. Besides, doctor pay will go down, not up.
Everyone will benefit if “universal health coverage can be properly implemented.”	Most folks—who are already insured—would suffer from the change if it were “properly implemented.” However, since it will be <i>improperly</i> implemented (like most federal programs), almost everyone will suffer.
Hospitals may not close.	But they might, and even perhaps should!
Prolonged waits in the emergency department may be minimized.	Or they may be <i>maximized</i> . Some studies show access of uninsured to primary care does NOT decrease ED use.
“All taxpayers would have benefited from this individual receiving better health care” [Dr. Brown gave an example of an under-treated hypertensive diabetic].	Keeping chronically ill individuals alive longer, especially if they do not work, <i>increases</i> the drain on societal resources. Fiscally, for the rest of society, the best death is short, quick, not preceded by chronic illness, and occurs the day after retirement.
“The details of the implementation of a universal health care coverage program are really the keys” to its success....	FOR ONCE HE IS RIGHT! UHCP's implementation poses such huge obstacles, and our federal government remains so inadequate at resolving these matters, that success will certainly elude us. We will pay the price of colossal failure.

In summation, Dr. Brown favors a dream system where things would be better for everyone (who doesn't?), while he avoids the stark reality that absolutely nobody knows how to bring such an idyllic plan to fruition. He refuses to contemplate the prospect of his vision dissolving into a nightmare, but today's younger physicians face exactly that specter.

Dr. Brown's fantasy floats on the cumulus clouds of an academic report from the IOM. He hitches his chimera to their star, but it will become medicine's leaden anchor. The IOM continues to lead us astray—as did their prior headline-grabbing inaccuracies about the epidemic of medical errors. JCAHO, EMTALA, HIPAA, IOM all bog us down in administrative minutiae, wasting our time, without ever assessing the cost-benefit ratios of their Chicken-Little proclamations.

Note two things:

1) Brown's plaintive wail that we avoid the “Tragedy of the Commons” (unlike him, I have lived under socialism) denies the brutal reality: **INHERENTLY SOCIALIST SYSTEMS DO NOT WORK AND NEVER WILL.** They violate basic tenets of human nature.

2) He says, “a successful universal health care program would need to add resources to our current ‘system.’” Wrong again. At 15% of the US Gross Domestic Product, our “system” already consumes too many resources, and needs shrinkage, not growth.

My advice: see Dr. Brown's Table 2, listing eight items constituting “necessary features” for a successful UHCP. Do you think we could implement even one or two of those “necessary features,” let alone all eight? It's impossible, the federal government cannot do it, and we are better off waking up and dealing with our problems in other more productive ways.